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FILE
U.S.G.S.
LAND OFFICE
TRANSPORTER
OIL
GAS
OPERATOR
PRORATION OFFICE

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104
Supersedes Old C-104 and C-110
Effective 1-1-65

Operator
Jack A. Cole
Address
P. O. Box 191, Farmington, New Mexico 87401
Reason(s) for filing (Check proper box)
New Well ☒ Change in Transporter of:
Recompletion ☐ Oil ☐ Dry Gas ☐
Change in Ownership ☐ Casinghead Gas ☐ Condensate ☐
Other (Please explain)

If change of ownership give name
and address of previous owner

DESCRIPTION OF WELL AND LEASE

Lease Name Apache Flats	Well No. 8	Pool Name, including Formation Pictured Cliffs	Kind of Lease State, Federal or Fee Indian Cont.	Lease No. 392
Location Unit Letter <u>L</u> ; <u>1710</u> Feet From The <u>South</u> Line and <u>1010</u> Feet From The <u>West</u> Line of Section <u>27</u> Township <u>23North</u> Range <u>4West</u> , NMPM, <u>Sandoval</u> County				

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
El Paso Natural Gas Company	P.O. Box 990, Farmington, N.M. 87401					
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
					No	

If this production is commingled with that from any other lease or pool, give commingling order number:

VI. COMPLETION DATA

Designate Type of Completion - (X)		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded July 9, 1976	Date Compl. Ready to Proa. July 21, 1976	Total Depth 2520		P.B.T.D. 2457					
Elevations (DF, RKB, RT, GR, etc.) 7005 DF	Name of Producing Formation Pictured Cliffs	Top Oil/Gas Pay 2394		Tubing Depth 2489					
Perforations				Depth Casing Shoe					
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET		SACKS CEMENT					
12 1/4	8 5/8	127		Circulated 100 sacks					
6 3/4	4 1/2	2489		150 sacks					

V. TEST DATA AND REQUEST FOR ALLOWABLE

(Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours)

Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Bble.	Water-Bble.	Gas-MCF

GAS WELL

Actual Prod. Test-MCF/D 739	Length of Test 3 hours	Bble. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.) Choke	Tubing Pressure (Shut-in) 690	Casing Pressure (Shut-in) 690	Choke Size 5/16

VI. CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

Jack A. Cole
(Signature)
Operator
(Title)

OIL CONSERVATION COMMISSION
APPROVED AUG 28 1976, 19____
BY Original Signed by A. R. Kendrick
TITLE SUPERVISOR DIST. #3

This form is to be filed in compliance with RULE 1104.
If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.
All sections of this form must be filled out completely for allowable on new and recompleted wells.